

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9/89375

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 18 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |           |        |
|-----------|--------|-----------|--------|
| RATE      | FEE    | RATE      | FEE    |
| BASIC FEE | 370.00 | BASIC FEE | 740.00 |
| X\$ 9=    |        | X\$18=    |        |
| X42=      |        | X84=      |        |
| +140=     |        | +280=     |        |
| TOTAL     |        | TOTAL     | 860.00 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 17                               | Minus | 20                                 | = 3           |
| Independent   | 1                                | Minus | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|                 |                |                 |                |
|-----------------|----------------|-----------------|----------------|
| RATE            | ADDITIONAL FEE | RATE            | ADDITIONAL FEE |
| X\$ 9=          |                | X\$18=          |                |
| X42=            |                | X84=            |                |
| +140=           |                | +280=           |                |
| TOTAL ADIT. FEE |                | TOTAL ADIT. FEE |                |

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                 |                |                 |                |
|-----------------|----------------|-----------------|----------------|
| RATE            | ADDITIONAL FEE | RATE            | ADDITIONAL FEE |
| X\$ 9=          |                | X\$18=          |                |
| X42=            |                | X84=            |                |
| +140=           |                | +280=           |                |
| TOTAL ADIT. FEE |                | TOTAL ADIT. FEE |                |

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                 |                |                 |                |
|-----------------|----------------|-----------------|----------------|
| RATE            | ADDITIONAL FEE | RATE            | ADDITIONAL FEE |
| X\$ 9=          |                | X\$18=          |                |
| X42=            |                | X84=            |                |
| +140=           |                | +280=           |                |
| TOTAL ADIT. FEE |                | TOTAL ADIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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